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CONFIRMATION NO. 3598

Bib Data Sheet

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|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|
| SERIAL NUMBER 10/725,824 | FILING DATE 12/01/2003 RULE | CLASS 324 | GROUP ART UNIT 2829 | ATTORNEY DOCKET NO. FORM 1967C3 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------------|

APPLICANTS

Benjamin N. Eldridge, Residence Not Provided;

Charles A. Miller, Residence Not Provided;

**** CONTINUING DATA *******

This application is a CON of 10/206,276 07/25/2002 PAT 6,657,455 *
 which is a CIP of 10/062,999 01/30/2002 ABN
 which is a CIP of 10/003,596 10/30/2001 PAT 6,456,103
 which is a DIV of 09/484,600 01/18/2000 PAT 6,339,338
 (*)Data provided by applicant is not consistent with PTO records.

Verified
J. A.

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 01/14/2004**

| | | | | |
|--|---------------------|-------------------------|-----------------------|-----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY | SHEETS DRAWING 13 | TOTAL CLAIMS 15 | INDEPENDENT CLAIMS 13 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged <i>J. A.</i> Examiner's Signature Initials | | | | |

ADDRESS

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TITLE

Predictive, adaptive power supply for an integrated circuit under test

| |
|---|
| <input checked="" type="checkbox"/> All Fees |
| <input checked="" type="checkbox"/> 1.16 Fees (Filing) |
| <input checked="" type="checkbox"/> 1.17 Fees / Processing Fee of |

| | | |
|-----------------------------------|--|--|
| FILING FEE RECEIVED 770 | FEES: Authority has been given in Paper | 1.17 Fees (Processing Exp. of time) |
| | No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> 1.18 Fees (Issue) |
| | No. _____ for following: . | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Credit |